PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 Application or Docket Number / 0 / 98756													56	
CLAIMS AS FILED - PART I (Column 1) (Column 2)										YTITY	OR	OTHER		
TOTAL CLAIMS			47					RA	Έ	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			47 minus 20=		• 27			X\$	9≈		OR	X\$18=	486	
INDEPENDENT CLAIMS			minus 3 =		2			X43)=		OR	X86=	172	
ML	LTIPLE DEPEN	DENT CLAIM PI	RESENT					.14	 5-			+290=	11/4	
• 11	the difference	in column 1 is	less than zero, enter "0" in			olumn 2	+145= TOTAL				OR	TOTAL	1328.	,
• If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)										LENTITY	OR OR	OTHER SMALL	THAN	
INT A	1000	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	,	HIGH NUM PREVIO	EST BER DUSLY	PRESENT EXTRA		RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 47	Minus	4	7	. —		X\$!	3=		OR	X\$18=		
MEN	Independent	. 5	Minus	.000	5			X43			OR	X86=		
٨	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM			+14				+290=		
	•		•						TAL		OR	TOTAL		ł
ADDIT. FEEOR ADDIT. FEEOR ADDIT. FEE														
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colur HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DMC	Total '	.47	Minus	***	7			X\$ 9	=		OR	X\$18=		
MEN	Independent	• 5	Minus	*** (5	=		X43	=		OR	X86=	ĺ	
٩	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDENT	CLAIM		1	+14			OR	+290 <u>=</u>		
									TAL		OR	TOTAL		
578-07 (Column 1) (Column 2) (Column 3)														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	.47	Minus	4	17			X\$ 8)=		ОЯ	X\$18=		
ME	Independent	• 5	Minus	***	5			X43	=		OR	X86=		1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												+290=		
	if the entry in colu	mn 1 is less than U	ne entry in colu	ımn 2, write	10" in co	tumn 3.		+145	YAL		OR	TOTAL		1
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE												L	1	

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